

# HENNEPIN COUNTY SHERIFF

November 6, 2019

**VIA EMAIL**

Ava Sasani

MuckRock

[77001-42985828@requests.muckrock.com](mailto:77001-42985828@requests.muckrock.com)

Dear Ms. Sasani:

On or about July 23, 2019 the Hennepin County Sheriff's Office received your data practice request made pursuant to the Minnesota Government Data Practices Act. Specifically, you requested information regarding:

*Documents submitted to DHS and financial statements related to the CVE Grant.*

The responsive public data is enclosed and being released pursuant to Minn. Stat. § 13.59. Private Personnel data has been redacted pursuant to Minn. Stat. § 13.43, subd. 4.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Hennepin County Sheriff's Office

Data Practices

612-543-3515

[sheriffsofficedata@hennepin.us](mailto:sheriffsofficedata@hennepin.us)

**File #: 19-681**





# HENNEPIN COUNTY

## SHERIFF'S OFFICE

### CET Liaison Engagement Request Form

Request Originated by: Asad Ahmed

Direct Supervisor: Sgt. Hoffner

Name of Event / Meeting: Boy and Girls Club (Jerry Gamble)

Date(s): Every Monday.

Time: 1400-1800

Address: 2410 Irving Ave N, Minneapolis, Minnesota

Purpose / Description of event:

Liaison for the Hennepin County Sheriff Office to the Boys and Girls Club. Teaching kids about the sheriff office and what law enforcement does in Hennepin County. Showing the kids that I as a Liaison for the Sheriff office care about the ambition and future. Giving the kids safety awareness and mentoring the kids on different events.

Description of expected audience: Approximate 10 to 20 kids come to the location.

Supervisor Signature: Sgt. J. Lumb #1080





# HENNEPIN COUNTY

## SHERIFF'S OFFICE

Major Tracey Martin Signature: \_\_\_\_\_

*Tracey Martin*





# HENNEPIN COUNTY

## SHERIFF'S OFFICE

### CET Liaison Engagement Request Form

Request Originated by: Deputy E. NdzeNtuv

Direct Supervisor: SGT. Hoffner

Name of Event / Meeting: Minnesota Cameroonian Community Association (MINCAM)

Date(s): Monthly Meeting

Time:

Address:

Purpose / Description of event: The purpose of the Minnesota Cameroonian Community Association is to promote Cameroonian culture and values, as well as to provide community support to Cameroonian immigrants here in Minnesota. MINCAM also acts as a bridge between local, state, federal agencies, and Cameroonian immigrants as well as other immigrants coming into the US. MINCAM also provides training resources and scholarships to community members.

Description of expected audience: Members of the Cameroonian community in Minnesota as well as other partners.

Supervisor Signature: Jerome D. Moore (SGT)

Major Tracey Martin Signature: \_\_\_\_\_

*Tracey Martin*



# HENNEPIN COUNTY

## SHERIFF'S OFFICE

### CET Liaison Engagement Request Form

Request Originated by: Thuan Vuong

Direct Supervisor: Sgt. T. Dumond

Name of Event / Meeting: Cinco de Mayo

Date(s): 05/05/2018

Time: 0630-1500 hours

Address: 205 Cesar Chavez St.

St. Paul, MN

Purpose / Description of event: National celebration Cinco de Mayo

Law Enforcement Vehicle Display

Description of expected audience: 2500-3000 attendants

Supervisor Signature: T. Dumond #503

Major Tracey Martin Signature: Tracey Martin





Approved By: \_\_\_\_\_

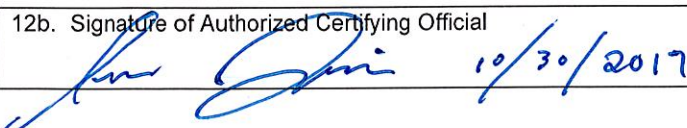
Date: \_\_\_\_\_

## Engagement Request for Hennepin County Sheriff Rich Stanek

<b>Event Logistics</b>			
<b>Request Form Originated by:</b>		Carmen Bibiano	
<b>Name of Event/Meeting</b>		Cinco de Mayo - Law Enforcement Vehicle Display	
<b>Sponsoring Agency or Company</b>		(HCSO or outside organization) National Latino Peace Officer Association	
<b>Contact for Engagement Planning</b>		Name: Carmen Bibiano Email: carmen.bibiano@hennepin.us Phone: 612-807-2449	
<b>Location of Event</b>		Room #: Address: 205 Cesar Chavez St. St. Paul	
<b>Date:</b>	5/05/2018	<b>Time:</b>	0630-1500 hrs. <b>Sheriff arrival time :</b> N/A
<b>Event Details</b>			
<b>Purpose/description of the Event?</b>		<p><b>Details</b> (include why we are being asked to attend, and expected value to HCSO):</p> <p>The NLPOA is part of the annual celebration of the Cinco de Mayo in St. Paul, at 0630 hrs the 5k for all the families start, at 1000 hrs. parade starts and at 1200 hrs is the Law Enforcement Vehicle Display where different agencies will be participating to show the community the different squads we have in law enforcement but also to show them that we work together to serve and protect the communities regardless the color of uniform and agency. We are members of the National Latino Peace Officer Association-Chapter MN.</p> <p><b>Other speakers/elected officials/VIPs</b> (include bios separately):</p> <p>Senior Commander Lozoya /SPPD, Commander Barragan/SPPD, Ramsey County Sheriff Jack Serier, and Veterans from MN</p>	
<b>Which topic Sheriff Stanek to speak on?</b>		N/A	
<b>Length of time Sheriff to present</b>		N/A	
<b>Expected Audience Demographic:</b>		All communities	<b>Expected Attendance (#):</b> 2500-3000
<b>Technical Needs</b>			
		<input type="checkbox"/> Laptop Available	<input type="checkbox"/> Projector Available
		<input type="checkbox"/> HCSO Laptop	<input type="checkbox"/> HSCO Projector
<b>Podium available</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



# **PERFORMANCE PROGRESS REPORT SF-PPR**

		Page 1	of Pages 1
1. Federal Agency and Organization Element to Which Report is Submitted Dept of Homeland Security		2. Federal Grant or Other Identifying Number Assigned by Federal Agency EMW-2016-CA-00081	
		3a. DUNS Number 1183067320000	
		3b. EIN 41-6005801	
4. Recipient Organization (Name and complete address including zip code) Hennepin County Sheriff's Office 350 S 5th St, Rm 6 Minneapolis, MN 55415		5. Recipient Identifying Number or Account Number  V00068481	
6. Project/Grant Period Start Date: (Month, Day, Year)      End Date: (Month, Day, Year)		7. Reporting Period End Date (Month, Day, Year)	
08/01/2017      07/31/2019		9/30/2017	
		8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative      (attach performance narrative as instructed by the awarding Federal Agency)			
<p>In the first quarter of the performance period, the Hennepin County Sheriff's Office did not have any grant reimbursable expenditures. As indicated in the PIEP, the first two quarters of the grant period have been dedicated to planning, identifying project partners, and other preparation to meet the project goals.</p> <p>We are still working with DHS-OCP to finalize the PIEP and budget for this grant.</p>			
11. Other Attachments      (attach other documents as needed or as instructed by the awarding Federal Agency)			
<b>12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>			
12a. Typed or Printed Name and Title of Authorized Certifying Official Alex Lewison Research & Grants Coordinator		12c. Telephone (area code, number and extension) 612-543-3083	
		12d. Email Address Alex.Lewison@Hennepin.us	
12b. Signature of Authorized Certifying Official  10/30/2017		12e. Date Report Submitted (Month, Day, Year) 10/30/2017	
		13. Agency use only	

## ***Performance Progress Report (PPR) Instructions***

The *Performance Progress Report (PPR)* is a standard, government-wide performance progress reporting format used by Federal agencies to collect performance information from recipients of Federal funds awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research. General instructions for completing the *PPR* are contained below. For further instructions on completing the *PPR*, please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

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1. The recipient must submit the *PPR* cover page and any of the forms (*PPR A-F*), which the Federal agency requires, as specified in the award terms and conditions.
2. The *PPR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.
3. If additional space is needed to support the *PPR*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

### **Reporting Requirements**

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2. The *PPR* must be submitted at least once yearly, on a quarterly, semi-annual, or annual basis, as directed by the awarding Federal agency in the award document. A final *PPR* shall be required at the completion of the award agreement.
3. For interim *PPRs*, the following reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final *PPRs*, the reporting period end date shall be the end date of the project/grant period.




4. The frequency of required reporting is stated in the solicitation and award documents. Interim *PPRs* are due not later than 45 days after the end of each reporting period. Final *PPRs* are due not later than 90 days after the end of the reporting period end date.

Performance Progress Report		
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2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
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9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10	Performance Narrative	Attach performance narrative as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

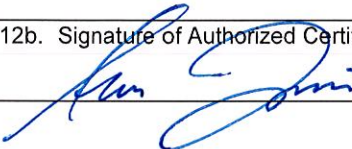
Performance Progress Report		
Item	Data Elements	Line Item Instructions for SF-PPR
Remarks, Certification, and Agency Use Only		
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
13	Agency Use Only	This section is reserved for the awarding Federal agency use.



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6. Project/Grant Period Start Date: (Month, Day, Year)      End Date: (Month, Day, Year)  08/01/2017      07/31/2019		7. Reporting Period End Date (Month, Day, Year)  12/31/2017	
		8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)  In the 4th quarter of 2017 (the second quarter of the performance period) the Hennepin County Sheriff's Office (HCSO) did not have any grant reimbursable expenditures. As indicated in the PIEP, the first two quarters of the grant period have been dedicated to planning, identifying partners, and other preparation to meet project goals.  The planning elements of the project that were progressed in the reporting quarter were: - Agency wide solicitation to apply for the community liaison component of the project, as well as identifying the personnel with the most value in the area of community engagement and recruitment prevention. - Hosting an HCSO One-Day Citizen's Academy with prospective non-profit partners to gauge the capacity to perform required services, subject matter expertise, and community respect/network to achieve maximum impact of each group. - Creating an internal agency plan and timeline to develop and execute contracts with community partners including explicit services provided, guarantees of organizational capacity, and commitments to satisfy grant objectives and obligations.			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
12a. Typed or Printed Name and Title of Authorized Certifying Official  Alex Lewison Research & Grants Coordinator		12c. Telephone (area code, number and extension) 612-543-3083	
		12d. Email Address Alex.Lewison@Hennepin.us	
12b. Signature of Authorized Certifying Official  1/30/2018		12e. Date Report Submitted (Month, Day, Year) 01/30/2018	
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		8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
<p>10. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i></p> <p>In the 1st quarter of 2018 (the 3rd quarter of the performance period) the Hennepin County Sheriff's Office (HCSO) made significant progress in the development and execution of the two grant funded projects.</p> <p>We have interviewed, selected, and trained our overtime funded community engagement liaisons. These liaisons, primarily Jail staff, interact with members of the community on a regular basis. We have created a system to dispatch these liaisons to the community in an effort to build trust with key demographics and help prevent recruitment into violent groups. In Q2 2018, they will begin their work in the community.</p> <p>Additionally, this quarter we contracted with two community organizations to participate in the planning and development of our Women for Peace Workshops. The first workshop will be held on May 5th to educate members of the community about recruitment prevention, build trust with our residents, and distribute resources.</p>			
11. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
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12a. Typed or Printed Name and Title of Authorized Certifying Official Alex Lewison Research & Grant Coordinator Supervisor, Community Engagement Team		12c. Telephone (area code, number and extension) 612-543-3083	
		12d. Email Address Alex.Lewison@Hennepin.us	
12b. Signature of Authorized Certifying Official  4/30/2018		12e. Date Report Submitted (Month, Day, Year) 04/30/2018	
		13. Agency use only	



# HENNEPIN COUNTY

## SHERIFF'S OFFICE

### ***Women for Peace Agenda***

Saturday, May 5<sup>th</sup>, 2018  
9:30 am – 4:00 pm  
Creekside Community Center  
9801 Penn Ave S. Bloomington MN 55431

- 9:30 AM **Welcome, photo Release and Breakfast** (Elmi, SAPA, Tasho)
- 10:00 AM **Introduction**, HCSO Overview, #NOOverdose, Workshop Overview, Videos (Nur, Ortman, Lewison)
- 10:45 AM **Social Media & Internet Safety** (Kathy – FBI)  
Social media overview, how to defend against online predators,  
Understanding the threats
- 11:30 AM **Social Services Panel** (Mary McKinley, HSPHD, Clinic, Mental Health)
- 12:15 PM **CISA** (CISA)  
Cyber threats & Recruitment PowerPoint, online radicalization
- 12:45 PM **Lunch**
- 1:15 PM **Personal story** (Deqa Hussen)
- 2:00 PM Break/ Prayer
- 2:30 PM **Law enforcement Panel** (Sheriff, Brooker, Joe Rivers - FBI, Potts)
- 3:30 PM **Graduation, Certificates, Photos**



## HCSO CVE Grant Quarterly Performance Report Narrative – 2018 Q2

Alex Lewison, 7/31/2018

EMW-2016-CA-00081

### WORKSHOP

In the second quarter of 2018, HCSO executed the first grant funded Women for Peace Workshop. The Workshop took place on May 5th.

The workshop consisted of a full day of curriculum for the approximately 80 workshop participants. The agenda (**attached**) included speakers and presentations from our HCSO on an agency overview, Community Engagement Team overview, our agency videos, a representative from the FBI to discuss social media / internet safety, a social services panel, an online radicalization presentation, a presentation from a local mother and agency partner whose son was arrested for involvement with ISIS, and a law enforcement panel with Sheriff Stanek, FBI SAC Jill Sanborn, and the Bloomington PD.

Participants were given identical questionnaires before and after the workshop. Blank questionnaire **attached**, summary of results **attached**.

We were very surprised at the overwhelmingly positive feedback we received from participants. 84% of participants that were not born in the US, and for nearly all questions the group demonstrated an increase in understanding of the threats and issues discussed during the workshop. For instance, for the prompt asking how you would respond to a family member that exhibited signs of radicalization, we saw an increase in the number of people that would seek counseling or contact the police. We saw a decrease in the number of people that would attempt to handle the situation themselves or through a family member, which we understand to reflect that participants gained an understanding of how serious this threat is and would seek professional help as opposed to addressing concerns themselves. Additionally, nearly all participants mentioned that they would like to see an expansion of our workshop and they found it to be quite valuable information. We have received several requests to host this workshop at other venues.

### LIAISONS

Our grant funded – overtime liaisons performed approximately 275 hours of duty over the last quarter. We have relied on these posts heavily as the summer months put a strain on resources for our Community Engagement Team. Liaisons attended CVE workshops, parades, external events, worked with community organizations, and participated at agency events to distribute literature and educate residence on the most pressing public safety threats and our agency's response strategies. In particular, our liaisons focused on CVE, opioid prevention, and general outreach to enhance partnerships and build trust with community members. We have approximately 15 overtime liaisons with interest from several other deputies and civilians interested in joining. We are considering expanding the program to gain an even more diverse team to engage and educate the community.



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10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency) Narrative Documents Attached			
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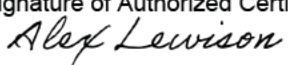
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### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334. The time required to complete this information collection is estimated to average twenty-six (26) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have suggestions about the accuracy of the estimate, we would be happy to hear from you.** You can e-mail us at [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).



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4. Recipient Organization (Name and complete address including zip code) Hennepin County Sheriff's Office 350 South 5th Street, Room 6 Minneapolis, MN 55415		5. Recipient Identifying Number or Account Number  V00068481	
6. Project/Grant Period Start Date: (Month, Day, Year)  08/01/2017	End Date: (Month, Day, Year)  07/31/2019	7. Reporting Period End Date (Month, Day, Year)  12/31/2018	8. Final Report? <input checked="" type="radio"/> Yes <input type="radio"/> No  9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)
10. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i> In the sixth quarter of the performance period, the Hennepin County Sheriff's Office did not have any grant reimbursable expenditures and there were no grant program activities.			
11. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
<b>12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>			
12a. Typed or Printed Name and Title of Authorized Certifying Official Alex Lewison Research & Grant Coordinator Supervisor, Community Engagement Team		12c. Telephone (area code, number and extension) 612-543-3083	
		12d. Email Address Alex.Lewison@Hennepin.us	
12b. Signature of Authorized Certifying Official 		12e. Date Report Submitted (Month, Day, Year) 01/30/2018	
		13. Agency use only	

## ***Performance Progress Report (PPR) Instructions***

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### **Report Submissions**

1. The recipient must submit the *PPR* cover page and any of the forms (*PPR A-F*), which the Federal agency requires, as specified in the award terms and conditions.
2. The *PPR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.
3. If additional space is needed to support the *PPR*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

### **Reporting Requirements**

1. All recipients of grants or cooperative agreements awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research, are required to submit a *PPR* in accordance with the terms established in the award document.
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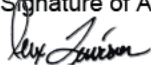
4. The frequency of required reporting is stated in the solicitation and award documents. Interim *PPRs* are due not later than 45 days after the end of each reporting period. Final *PPRs* are due not later than 90 days after the end of the reporting period end date.

Performance Progress Report		
Item	Data Elements	Line Item Instructions for SF-PPR
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
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4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
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6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
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9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
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Performance Progress Report		
Item	Data Elements	Line Item Instructions for SF-PPR
Remarks, Certification, and Agency Use Only		
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
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# PERFORMANCE PROGRESS REPORT SF-PPR

		Page 1	of Pages 1
1. Federal Agency and Organization Element to Which Report is Submitted Dept of Homeland Security	2. Federal Grant or Other Identifying Number Assigned by Federal Agency EMW-2016-CA-00081	3a. DUNS Number 1183067320000	
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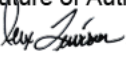
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[illegible]



[illegible]

Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary)	Number	Participant Type 4 (If necessary)	Number	All Other Participants	Total Participants or Audience
Education/Training/Skill Development/Workshop	Liaison Orientation Meeting #2	4/20/2018	Police/Law Enforcement	20								
Education/Training/Skill Development/Workshop	Women for Peace Workshop #1	5/5/2018	Parent of Youth or Young Adult (Ages 12-26)	80								
Community Outreach or Engagement	Liaison Events and meetings, 254 overtime hours worked by 11 liaisons at 61 events	4/1/2018 - 6/30/2018	General Community Audience	1,000								

0

0

0

Project Output	Output Detail	Date	Participant Type 1	Number	Participant Type 2 (If necessary)	Number	Participant Type 3 (If necessary)	Number	Participant Type 4 (If necessary)	Number	All Other Participants	Total Participants or Audience
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0

0

0

**2017 CVE Grant**

EMW-2016-CA-0081

Budget

Project 1006507

Contract 674

	<b>Personnnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Supplies</b>	<b>Contractual</b>	<b>Other</b>	<b>Total</b>
Budget	125,800.00	13,800.00	7,000.00	15,000.00	180,000.00	6,000.00	347,600.00
1/1/2018 - 3/31/2018					1,000.00	317.67	1,317.67
4/1/2018 - 6/30/2018	6,784.82	1,270.04	27.25	248.31	45,000.00	1,998.07	55,328.49
7/1/2018 - 9/30/2018	4,311.56	800.49	-	-	30,390.00	-	35,502.05
10/1/2018 - 12/31/2018	1,059.70	202.23	26.17	7,124.06	25,623.22	2,067.37	36,102.75
1/1/2019 - 3/31/2019							-
4/1/2019 - 6/30/2019	2,242.67	474.88					2,717.55
7/1/2019 - 9/30/2019	6,035.95	1,138.64	-	4,500.00	20,250.00	-	31,924.59
							-
Total Expenses	20,434.70	3,886.28	53.42	11,872.37	122,263.22	4,383.11	162,893.10
Budget Remaining	105,365.30	9,913.72	6,946.58	3,127.63	57,736.78	1,616.89	184,706.90

**7/1/2019 - 9/30/2019 Expenditures**

Overtime and Benefits	6,035.95	1,138.64					7,174.59
Minneapolis Park & Rec (swimming lessons)					20,250.00		20,250.00
Edge Marketing (promo items)				4,500.00			4,500.00
Total	6,035.95	1,138.64	-	4,500.00	20,250.00	-	31,924.59

**4/1/2019 - 6/30/2019 Expenditures**

Overtime and Benefits	2,242.67	474.88					2,717.55
Total	2,242.67	474.88	-	-	-	-	2,717.55

**10/1/2018 - 12/31/2018 Expenditures**

	<b>Personnnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Supplies</b>	<b>Contractual</b>	<b>Other</b>	<b>Total</b>
Overtime and Benefits	1,059.70	202.23					1,261.93
Sudanese Community Association					23,623.22		23,623.22
Alex Lewison (Panera Bread)						514.59	514.59
Alex Lewison (Mileage)			26.17				26.17
Alex Lewison (24 Hour Tees)				2,374.06			2,374.06
Alex Lewison (Barnes & Noble GC)				4,750.00			4,750.00
Alex Lewison (Fifillah)						1,552.78	1,552.78
Anisa Ali					1,000.00		1,000.00
Maxamuud Mascadde					1,000.00		1,000.00
Total	1,059.70	202.23	26.17	7,124.06	25,623.22	2,067.37	36,102.75



7/1/2018 - 9/30/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Overtime and Benefits	4,311.56	800.49					5,112.05
Hibo Elmi (PO 349335)					15,000.00		15,000.00
Hibo Elmi (PO 349673)					15,000.00		15,000.00
Amber White Bear (PO 354804)					390.00		390.00
	4,311.56	800.49	-	-	30,390.00	-	35,502.05

4/1/2018 - 6/30/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Tasho					12,500.00		12,500.00
Tasho					10,000.00		10,000.00
Somali American Parent Association					12,500.00		12,500.00
Somali American Parent Association					10,000.00		10,000.00
Alex Lewision			27.25				27.25
Maryam Nur expense report (food)						36.45	36.45
Maryam Nur expense report (supplies)				248.31			248.31
Alex Lewision expense report (meals)						950.00	950.00
Alex Lewision expense report (meals)						1,011.62	1,011.62
Overtime and Benefits	6,784.82	1,270.04					8,054.86
	6,784.82	1,270.04	27.25	248.31	45,000.00	1,998.07	55,328.49

1/1/2018 - 3/31/2018 Expenditures	Personnnel	Fringe	Travel	Supplies	Contractual	Other	Total
Afro Deli & Coffee 1/17/2018						317.67	317.67
Deqa Hussen (March 8th)					1,000.00		1,000.00
	-	-	-	-	1,000.00	317.67	1,317.67

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  U.S. Department of Homeland Security, Federal Emergency Management Agency	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <div style="text-align: center;">EMW-2016-CA-00081</div>	Page  <div style="border: 1px solid black; width: 20px; margin: 0 auto; text-align: center;">1</div>	of  <div style="border: 1px solid black; width: 20px; margin: 0 auto; text-align: center;">1</div>
pages			

3. Recipient Organization (Name and complete address including Zip code)	HENNEPIN COUNTY DBA SHERIFF COURT SECURITY DIV 350 SOUTH 5TH ST ROOM 30 MINNEAPOLIS, MN 55415-1322
--	---

4a. DUNS Number  <div style="text-align: center;">118306732</div>	4b. EIN  <div style="text-align: center;">416005801</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
---	---	--	--	---

8. Project/Grant Period From: (Month, Day, Year)      08/01/2017	To: (Month, Day, Year)      07/31/2019	9. Reporting Period End Date (Month, Day, Year)      09/30/2017
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10. Transactions	Cumulative
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*(Use lines a-c for single or multiple grant reporting)*

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$347,600.00
e. Federal share of expenditures	\$0.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$347,600.00

<b>Recipient Share:</b>	
i. Total recipient share required	\$0.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

<b>Program Income:</b>	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		0.0000			\$0.00	\$0.00	\$0.00
g. Totals:					\$0.00	\$0.00	\$0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No spending this quarter
--

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)
--

a. Typed or Printed Name and Title of Authorized Certifying Official  David Rice - Principal Accountant	c. Telephone (Area code, number and extension) <div style="text-align: center;">612 348-2022</div> d. Email address <div style="background-color: black; height: 1.2em; width: 100%;"></div>
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)  <div style="text-align: center;">10/30/2017</div>

14. Agency use only:
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Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1 5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project ( 0348-0060), Washington, DC 20503.

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8. Project/Grant Period From: (Month, Day, Year)      08/01/2017		To: (Month, Day, Year)      07/31/2019		9. Reporting Period End Date (Month, Day, Year)      09/30/2017			
10. Transactions				Cumulative			
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts				\$0.00			
b. Cash Disbursements				\$0.00			
c. Cash on Hand (line a minus b)				\$0.00			
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized				\$347,600.00			
e. Federal share of expenditures				\$0.00			
f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (sum of lines e and f)				\$0.00			
h. Unobligated balance of Federal funds (line d minus g)				\$347,600.00			
<b>Recipient Share:</b>							
i. Total recipient share required				\$0.00			
j. Recipient share of expenditures				\$0.00			
k. Remaining recipient share to be provided (line i minus j)				\$0.00			
<b>Program Income:</b>							
l. Total Federal program income earned				\$0.00			
m. Program income expended in accordance with the deduction alternative				\$0.00			
n. Program income expended in accordance with the addition alternative				\$0.00			
o. Unexpended program income (line l minus line m or line n)				\$0.00			
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		0.0000			\$0.00	\$0.00	\$0.00
				g. Totals:	\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No spending this quarter							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official  <div style="text-align: center;">David Rice - Principal Accountant</div>					c. Telephone (Area code, number and extension) <div style="text-align: center;">612 348-2022</div>		
b. Signature of Authorized Certifying Official					d. Email address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
					e. Date Report Submitted (Month, Day, Year) <div style="text-align: center;">10/30/2017</div>		
14. Agency use only:							

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10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$0.00		
b. Cash Disbursements					\$0.00		
c. Cash on Hand (line a minus b)					\$0.00		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$347,600.00		
e. Federal share of expenditures					\$0.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$0.00		
h. Unobligated balance of Federal funds (line d minus g)					\$347,600.00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$0.00		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
<b>Program Income:</b>							
l. Total Federal program income earned					\$0.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$0.00		
o. Unexpended program income (line l minus line m or line n)					\$0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		0.0000			\$0.00	\$0.00	\$0.00
					g. Totals:	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No spending this quarter							
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a. Typed or Printed Name and Title of Authorized Certifying Official  David Rice - Principal Accountant					c. Telephone (Area code, number and extension) 612 348-2022		
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					e. Date Report Submitted (Month, Day, Year) <div style="text-align: center;">10/30/2017</div>		
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		0.0000			\$0.00	\$0.00	\$0.00
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a. Typed or Printed Name and Title of Authorized Certifying Official  <div style="text-align: center;">David Rice - Principal Accountant</div>					c. Telephone (Area code, number and extension) <div style="text-align: center;">612 348-2022</div>		
b. Signature of Authorized Certifying Official					d. Email address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
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# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  U.S. Department of Homeland Security, Federal Emergency Management Agency		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <div style="text-align: center;">EMW-2016-CA-00081</div>		Page  <div style="text-align: center;">1</div>	of  <div style="text-align: center;">1</div>		
3. Recipient Organization (Name and complete address including Zip code) <div style="float: right; font-size: small;">           HENNEPIN COUNTY            DBA SHERIFF COURT SECURITY DIV            350 SOUTH 5TH ST ROOM 30            MINNEAPOLIS, MN 55415-1322         </div>							
4a. DUNS Number  <div style="text-align: center;">118306732</div>	4b. EIN  <div style="text-align: center;">416005801</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year)      08/01/2017		To: (Month, Day, Year)      07/31/2019		9. Reporting Period End Date (Month, Day, Year)      09/30/2017			
10. Transactions					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts					\$0.00		
b. Cash Disbursements					\$0.00		
c. Cash on Hand (line a minus b)					\$0.00		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$347,600.00		
e. Federal share of expenditures					\$0.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$0.00		
h. Unobligated balance of Federal funds (line d minus g)					\$347,600.00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$0.00		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
<b>Program Income:</b>							
l. Total Federal program income earned					\$0.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$0.00		
o. Unexpended program income (line l minus line m or line n)					\$0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		0.0000			\$0.00	\$0.00	\$0.00
					g. Totals:	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No spending this quarter							
<b>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official  David Rice - Principal Accountant					c. Telephone (Area code, number and extension) 612 348-2022		
b. Signature of Authorized Certifying Official					d. Email address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
e. Date Report Submitted (Month, Day, Year)  10/30/2017					14. Agency use only:		

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1 5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project ( 0348-0060), Washington, DC 20503.

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3. Recipient Organization (Name and complete address including Zip code)	HENNEPIN COUNTY DBA SHERIFF COURT SECURITY DIV 350 SOUTH 5TH ST ROOM 30 MINNEAPOLIS, MN 55415-1322
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4a. DUNS Number  118306732	4b. EIN  416005801	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$347,600.00
e. Federal share of expenditures	\$0.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$347,600.00

<b>Recipient Share:</b>	
i. Total recipient share required	\$0.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

<b>Program Income:</b>	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		0.0000			\$0.00	\$0.00	\$0.00
g. Totals:					\$0.00	\$0.00	\$0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No spending this quarter
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13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)
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a. Typed or Printed Name and Title of Authorized Certifying Official  David Rice - Principal Accountant	c. Telephone (Area code, number and extension) 612 348-2022  d. Email address <div style="background-color: black; height: 1.2em; width: 100%;"></div>
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)  10/30/2017

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# Time Summary Report

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Ahmed, Asad - 171912700											
2:30PM	10:30PM	1:00PM	2:00PM	1.00	3/29/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
<i>Comment: Requester: Community Engagement Team Meeting / Orientation.</i>											
<i>- Approver: Lewison</i>											
2:30PM	10:30PM	11:00AM	12:30PM	1.50	4/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
<i>Comment: Requester: Community engagement team meeting - Approver: Lewison</i>											
2:30PM	10:30PM	2:00PM	6:00PM	4.00	4/26/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	4.00
<i>Comment: Requester: CET at boy and girls club (jerry gamble) - Approver: Lewison</i>											
2:30PM	10:30PM	10:00AM	12:00PM	2.00	6/9/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/09/2018	2.00
<i>Comment: Requester: Father Hennepin parade - Approver: Lewison</i>											
2:30PM	10:30PM	12:30PM	1:30PM	1.00	6/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.00
<i>Comment: Requester: CET monthly meeting - Approver: Lewison</i>											
2:30PM	10:30PM	2:30PM	5:30PM	3.00	6/26/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.00
<i>Comment: Requester: Boys and girls club (Jerry Gamble). - Approver: Lewison</i>											
2:30PM	10:30PM	12:00PM	2:30PM	2.50	6/30/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	2.50
<i>Comment: Requester: Somali independent day festival. - Approver: Lewison</i>											
<b>Ahmed, Asad Totals</b>											<b>15.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Ali, Nasir - 161832700											
2:30PM	10:30PM	1:00PM	2:00PM	1.00	3/31/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
<i>Comment: Requester: City Hall CET training orientation</i>											
<i>City Hall. - Approver: Lewison</i>											
<b>Ali, Nasir Totals</b>											<b>1.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
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Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Baggett, Danielle - 140552701											
8:00AM	4:30PM	8:30AM	5:00PM	8.50	5/5/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	8.50
<i>Comment: Requester: Worked with Maryam and Alex at the HCSO's Women for Peace event - Approver: Lewison</i>											
8:00AM	4:00PM	5:00PM	9:00PM	4.00	6/14/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	4.00
<i>Comment: Requester: Worked at the Brooklyn Park Tater Days Parade with Sgt. McDaniel and CET (Shakira) - Approver: Lewison</i>											
8:00AM	4:00PM	5:00PM	9:00PM	4.00	6/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	4.00
<i>Comment: Requester: Worked at the Brooklyn Center Earle Brown Days Parade with Sgt. McDaniel and CET (Shakira) - Approver: Lewison</i>											
8:00AM	4:00PM	6:30PM	10:30PM	4.00	7/18/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/20/2018	4.00
<i>Comment: Requester: Aquatennial Parade - Approver: Lewison</i>											
8:00AM	4:00PM	4:00PM	9:30PM	5.50	8/7/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	08/17/2018	5.50
<i>Comment: Requester: NNO at Joint Heirs with Christ Faith International Church (4pm - 8pm, plus clean up and drive time) Handed out Deterra Bags, Gun Locks, NOVerdose wrist bands and literature to the Glenwood Community. - Approver: Lewison</i>											
8:00AM	4:30PM	12:30PM	5:30PM	5.00	8/25/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	08/31/2018	5.00
<i>Comment: Requester: Worked at the HCSO State Fair booth. Handed out Deterra Bags, Noverdose Wristbands. Engaged with the public that visited our booth and educated them on proper medication drug disposal, as well as our Noverdose campaign. - Approver: Lewison</i>											
8:00AM	4:30PM	10:00AM	2:00PM	4.00	9/8/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/14/2018	4.00
<i>Comment: Requester: Participated in the Osseo parade handing out NOVerdose wristbands and stickers to the community/neighborhood that were observing. - Approver: Lewison</i>											
8:00AM	4:30PM	8:30AM	5:30PM	9.00	9/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/28/2018	9.00
<i>Comment: Requester: Worked with Maryam at the Women For Peace Event. HCSO is in the process of building relationships with the community and the focus for this event was for the Sudanese Community to educate them on Law Enforcement and HCSO. I worked at the front table, checking the public in, and answering any questions that they had. I helped a couple of speakers facilitate their presentations, via PowerPoint. I helped collect surveys at the end of the event and helped clean up after the event was finished. - Approver: Lewison</i>											
<b>Baggett, Danielle Totals</b>											<b>44.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Bigirindavyi, Jessica - 190772701											
8:30AM	5:00PM	3:00PM	6:30PM	3.50	6/22/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/22/2019	3.50
<i>Comment: Pride Event</i>											
8:30AM	5:00PM	8:00AM	7:30PM	11.50	6/23/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/01/2019	11.00
<i>Comment: Requester: Pride Event - Approver: Lt Jacox</i>											
7:30AM	4:00PM	4:30PM	8:30PM	4.00	7/11/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	07/19/2019	4.00
<i>Comment: Maple Grove Parade</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:30AM	5:00PM	1:00PM	5:00PM	4.00	7/14/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	07/19/2019	4.00
<i>Comment: Robbinsdale Parade</i>											
8:30AM	5:00PM	1:00PM	4:00PM	3.00	7/21/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	3.00
<i>Comment: Requester: Hopkin's Raspberry Parade - Approver: Lt Jacox</i>											
8:30AM	5:00PM	5:00PM	9:00PM	4.00	7/24/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	4.00
<i>Comment: Requester: Aquatennial Parade - Approver: Lt Jacox</i>											
<b>Bigirindavyi, Jessica Totals</b>											<b>29.50</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Braesch, Thomas - 011555600</b>											
7:00AM	3:00PM	10:30AM	2:30PM	4.00	6/22/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/25/2019	4.00
<i>Comment: Requester: Rogers parade - Approver: Lt Jacox</i>											
7:00AM	3:00PM	3:00PM	7:00PM	4.00	9/10/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/13/2019	4.00
<i>Comment: Requester: Vikings community event. - Approver: Lt Jacox</i>											
<b>Braesch, Thomas Totals</b>											<b>8.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Chelmo, Patrick - 992705601</b>											
8:00AM	4:00PM	8:00AM	12:00PM	4.00	9/21/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/23/2019	4.00
<i>Comment: Requester: Approved by Lt. Jacox - Approver: Bloomington Parade</i>											
<b>Chelmo, Patrick Totals</b>											<b>4.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Connors, Jessica - 150262712</b>											
7:00AM	3:00PM	11:00AM	3:00PM	4.00	4/7/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	4.00
<i>Comment: Requester: Outreach for community involvement, connecting with Deputy Stearns to create a program/agenda. Emails/calls - Approver: Lewison</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
7:00AM	3:00PM	8:48AM	10:12AM	1.40	4/8/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	1.40
<i>Comment: Requester: Follow-up with CET/Maryum, outreach via email to community groups. Gathering materials to present in power point. - Approver: Lewison</i>											
7:00AM	3:00PM	3:00PM	4:00PM	1.00	4/10/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	1.00
<i>Comment: Requester: Meeting with Deputy Stearns, assignment of tasks, outreach, and agenda. Practical Training. - Approver: Lewison</i>											
7:00AM	3:00PM	1:00PM	3:00PM	2.00	4/14/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/16/2018	2.00
<i>Comment: Requester: Community outreach, agenda creation, emails. - Approver: Lewison</i>											
7:00AM	3:00PM	4:45PM	6:30PM	1.75	4/16/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.75
<i>Comment: Requester: Emailing with Bully Prevention Center to connect with parents and youth. Incorporate presentation. - Approver: Lewison</i>											
7:00AM	3:00PM	4:00PM	6:30PM	2.50	4/17/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	2.50
<i>Comment: Requester: Spoke to Bully Prevention Organizer. Emailed center and Partner Stearns. Set up meeting and time to get pamphlet info. Emailed resources to go through and read. - Approver: Lewison</i>											
7:00AM	3:00PM	3:00PM	6:00PM	3.00	4/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	3.00
<i>Comment: Requester: Meeting set up. Agenda created to present during CET meeting on 4/19. Communication w/partner Deputy Stearns. Gathering information. - Approver: Lewison</i>											
7:00AM	3:00PM	1:30PM	6:30PM	5.00	4/28/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/28/2018	5.00
<i>Comment: Requester: Mad Dads Save the Community Event - Against Violence - Approver: Lewison</i>											
7:00AM	3:00PM	8:00AM	4:30PM	8.50	5/5/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	8.50
<i>Comment: Requester: Women for Peace - Creekside Event Center Bloomington MN. - Approver: Lewison</i>											
7:00AM	3:00PM	5:00PM	9:00PM	4.00	6/15/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	4.00
<i>Comment: Requester: Tater Daze - Lt. Copeland/Sgt. McDaniel - Brooklyn Park - Approver: Lewison</i>											
7:00AM	3:00PM	7:45AM	7:30PM	11.75	6/16/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	11.75
<i>Comment: Requester: Specktrackular Parade - St. Louis Park - LT. Copeland Fire and Police Open House - Brooklyn Park - Approver: Lewison</i>											

Connors, Jessica Totals 44.90

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:00PM	4:00PM	7:00PM	3.00	9/6/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	10/04/2018	3.00
<i>Comment: Requester: Met and attended speaking engagement with Sheriff at the American Swedish Institute at 2600 Park Ave S. and at the Scottish Rite speaking engagement at 2011 Dupont Ave S. - Approver: Lewison</i>											

Copeland, Dorpha Totals 3.00



Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
El-Amin, Sharon - 141812700											
11:00AM	4:30PM	5:30PM	7:30PM	2.00	6/20/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/21/2019	2.00
<i>Comment: Requester: community Outreach per LT Jacox - Approver: Lt Jacox</i>											
8:00AM	4:30PM	9:00AM	12:00PM	3.00	7/13/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	07/22/2019	3.00
<i>Comment: Community Engagement</i>											
<b>El-Amin, Sharon Totals</b>											<b>5.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Garcia, Cyndy - 191752704											
8:00AM	4:30PM	4:30PM	8:30PM	4.00	7/11/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
<i>Comment: Requester: Maple Grove Days Parade - Approver: Lt Jacox</i>											
8:00AM	4:30PM	1:00PM	5:00PM	4.00	7/14/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
<i>Comment: Requester: Robbinsdale festival - Approver: Lt Jacox</i>											
8:00AM	4:30PM	12:00PM	4:00PM	4.00	7/21/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	3.50
<i>Comment: Requester: Hopkins Parade - Approver: Lt Jacox</i>											
8:00AM	4:30PM	5:00PM	9:00PM	4.00	7/24/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/27/2019	4.00
<i>Comment: Requester: Aquatennial Parade - Approver: Lt Jacox</i>											
8:00AM	4:30PM	12:00PM	3:00PM	3.00	8/11/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	08/15/2019	2.50
<i>Comment: Requester: Ecuadorian Independence Day Festival - Approver: Lt Jacox</i>											
8:00AM	4:30PM	8:00AM	12:00PM	4.00	9/21/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/23/2019	4.00
<i>Comment: Requester: Bloomington Heritage Day parade - Approver: Lt. Jacox</i>											
<b>Garcia, Cyndy Totals</b>											<b>22.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Jacox, Willis - 012395607											
9:00AM	5:00PM	5:00PM	9:00PM	4.00	6/18/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	06/24/2019	4.00
<i>Comment: Community Outreach Parade.</i>											

1/1/2018 - 9/30/2019

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
9:00AM	5:00PM	5:00PM	8:00PM	3.00	6/20/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	06/24/2019	3.00
<i>Comment: Community Outreach Parade. BC</i>											
9:00AM	5:00PM	7:00AM	6:30PM	11.50	6/22/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	06/24/2019	11.50
<i>Comment: Rocking Rogers and Pride set up in Loring Park.</i>											
9:00AM	5:00PM	8:00AM	7:00PM	11.00	6/23/2019	OTP	CET - CVE Agency Grant	Staupe, Robert	Approved	06/25/2019	11.00
<i>Comment: Requester: Pride Parade/Festival - Approver: Staupe</i>											
9:00AM	5:00PM	1:00PM	5:00PM	4.00	7/14/2019	OTP	CET - CVE Agency Grant	Staupe, Robert	Approved	07/17/2019	4.00
<i>Comment: Requester: Robbinsdale Festival - Approver: Staupe</i>											
4:00PM	6:00PM	12:00PM	4:00PM	4.00	7/21/2019	OTP	CET - CVE Agency Grant	Staupe, Robert	Approved	07/24/2019	4.00
<i>Comment: Requester: Parade in Hopkin - Approver: Staupe</i>											
4:00PM	9:00PM	9:30AM	4:00PM	6.50	8/31/2019	OTP	CET - CVE Agency Grant	Staupe, Robert	Approved	09/01/2019	6.50
<i>Comment: Requester: Citizen Academy with inner Hero. - Approver: Staupe</i>											
<b>Jacox, Willis Totals</b>											<b>44.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Kedrowski, Kevin - 143212712</b>											
7:00AM	3:00PM	10:30AM	2:30PM	4.00	6/22/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/25/2019	4.00
<i>Comment: Requester: Rogers Parade - Approver: Lt Jacox</i>											
<b>Kedrowski, Kevin Totals</b>											<b>4.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Litvinov, Vladimir - 172752704</b>											
2:30PM	10:30PM	1:00PM	2:00PM	1.00	3/29/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
<i>Comment: Requester: Community Engagement Team Meeting/Orientation - Approver: Lewison</i>											
2:30PM	10:30PM	11:00AM	12:30PM	1.50	4/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
<i>Comment: Requester: Community Engagement Team Meeting/Orientation - Approver: Lewison</i>											
2:30PM	10:30PM	12:00PM	1:30PM	1.50	6/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.50
<i>Comment: Requester: CET Meeting - Approver: Lewison</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM	9:30AM	12:30PM	3.00	7/4/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.00
<i>Comment: Requester: Edina Parade. - Approver: Lewison</i>											
<b>Litvinov, Vladimir Totals</b>											<b>7.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Mohamed, Abdi - 120092750</b>											
8:30AM	5:00PM	9:30AM	3:00PM	5.50	6/22/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	06/22/2019	5.00
<i>Comment: Requester: Rockin Rogers Parade - Approver: LT.Jacox</i>											
8:30AM	5:00PM	1:00PM	5:00PM	4.00	7/14/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
<i>Comment: Requester: Whiz Bang days Parade in Robbinsdale - Approver: Lt Jacox</i>											
2:00AM	6:00AM	7:00AM	1:00PM	6.00	8/10/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	08/12/2019	5.50
<i>Comment: Requester: TPT Twin Cities PBS event - Approver: Lt Jacox</i>											
8:30AM	5:00PM	10:00AM	4:00PM	6.00	8/31/2019	OTP	CET - CVE Agency Grant	Allen, Robert	Approved	09/03/2019	5.50
<i>Comment: One Day Citizen Academy</i>											
8:30AM	5:00PM	8:00AM	12:00PM	4.00	9/21/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/23/2019	4.00
<i>Comment: Requester: Bloomington parade - Approver: Lt Jacox</i>											
<b>Mohamed, Abdi Totals</b>											<b>24.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>NdzeNtuv, Evaristus - 140132705</b>											
2:30PM	10:30PM	1:30PM	2:30PM	1.00	4/4/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	1.00
<i>Comment: Requester: CET ORIENTATION - Approver: Lewison</i>											
2:30PM	10:30PM	12:00PM	1:30PM	1.50	5/16/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/25/2018	1.50
<i>Comment: Requester: MET WITH THE LEADERSHIP OF THE MINNESOTA CAMEROONIAN COMMUNITY ASSOCIATION (MINCAM) - Approver: Lewison</i>											
2:30PM	10:30PM	9:00AM	12:30PM	3.50	7/4/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.50
<i>Comment: Requester: EDINA JULY 4TH PARADE - Approver: Lewison</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM	6:00PM	9:00PM	3.00	8/3/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	08/06/2018	3.00
<i>Comment: Requester: ST. ANTHONY PARADE FEST - Approver: Lewison</i>											
2:30PM	10:30PM	1:30PM	4:30PM	3.00	8/25/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	08/31/2018	3.00
<i>Comment: Requester: Sheriff's Office ADD One Day Snapshot Survey - Approver: Lewison</i>											
2:30PM	10:30PM	8:00AM	12:30PM	4.50	9/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	4.50
<i>Comment: Requester: WOMEN FOR PEACE WORKSHOP AT THE HOPKINS ACTIVITY CENTER - Approver: Lewison</i>											
2:30PM	10:30PM	4:00PM	7:30PM	3.50	10/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	10/26/2018	3.50
<i>Comment: Requester: STRENGTHENING OUR COMMUNITY RESOURCE FAIR AT THE HOPE PRESBYTERIAN CHURCH IN RICHFIELD - Approver: Lewison</i>											

NdzeNtuv, Evaristus Totals 20.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Norling, Jacquelyn - 160252709											
2:30PM	10:30PM	11:00AM	12:30PM	1.50	4/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
<i>Comment: Requester: CET Meeting - Approver: Lewison</i>											
2:30PM	10:30PM	12:30PM	1:30PM	1.00	6/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.00
<i>Comment: Requester: CET Meeting - Approver: Lewison</i>											
2:30PM	10:30PM	12:00PM	2:30PM	2.50	6/30/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	2.50
<i>Comment: Requester: Somali Independence Day Event - Approver: Lewison</i>											
9:00AM	5:00PM	1:00PM	5:00PM	4.00	7/14/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	07/16/2019	4.00
<i>Comment: Requester: Robbinsdale Festival - Approver: Lt Jacox</i>											

Norling, Jacquelyn Totals 9.00

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Nur, Maryam - 171072703											
8:00AM	4:30PM	8:00AM	12:00PM	4.00	3/18/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	4.00
<i>Comment: Grant Mtg</i>											
8:00AM	4:30PM	1:00PM	4:00PM	3.00	3/18/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	3.00
<i>Comment: Requester: Grant meeting - Approver: Lewison</i>											



Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:30PM	4:30PM	6:30PM	2.00	3/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	2.00
<i>Comment: Requester: Grant meeting - Approver: Lewison</i>											
8:00AM	4:30PM	5:00PM	7:00PM	2.00	3/23/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	2.00
<i>Comment: Requester: Grant meeting - Approver: Lewison</i>											
8:00AM	4:30PM	6:00PM	9:00PM	3.00	3/30/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	3.00
<i>Comment: Requester: Somali North American Business and Professionals - Approver: Lewison</i>											
8:00AM	4:30PM	1:00PM	4:00PM	3.00	3/31/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/03/2018	3.00
<i>Comment: Requester: Grant meeting - Approver: Lewison</i>											
8:00AM	4:30PM	5:30PM	8:30PM	3.00	4/3/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	3.00
<i>Comment: Requester: DHS Grant/workshop planning - Approver: Lewison</i>											
8:00AM	4:30PM	5:30PM	8:00PM	2.50	4/5/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	2.50
<i>Comment: Requester: workshop planning - Approver: Lewison</i>											
8:00AM	4:30PM	1:30PM	5:30PM	4.00	4/7/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	4.00
<i>Comment: Requester: workshop meeting - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	8:00PM	3.50	4/13/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	3.50
<i>Comment: Requester: workshop planning - Approver: Lewison</i>											
8:00AM	4:30PM	1:00PM	7:00PM	6.00	4/14/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	6.00
<i>Comment: Requester: workshop planning - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	7:00PM	2.50	4/18/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	2.50
<i>Comment: Requester: WFP SS Panel speaker - Approver: Lewison</i>											
8:00AM	4:30PM	11:30AM	7:00PM	7.50	4/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	7.00
<i>Comment: Requester: Meeting with WFP Speakers WFP planning - Approver: Lewison</i>											
8:00AM	4:30PM	1:00PM	5:30PM	4.50	4/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	4.50
<i>Comment: Requester: WFP Planning - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	7:00PM	2.50	4/26/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	2.50
<i>Comment: Requester: invite WFP SS Panel WFP planning - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	6:30PM	2.00	5/2/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	2.00
<i>Comment: Requester: WFP planning - Approver: Lewison</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:30PM	4:30PM	8:30PM	4.00	5/3/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	4.00
<i>Comment: Requester: WFP planning - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	9:00PM	4.50	5/4/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	4.50
<i>Comment: Requester: WFP planning - Approver: Lewison</i>											
8:00AM	4:30PM	7:00AM	5:00PM	10.00	5/5/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	9.50
<i>Comment: Requester: WFP event - Approver: Lewison</i>											
8:00AM	4:30PM	10:00AM	2:30PM	4.50	5/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/25/2018	4.00
<i>Comment: Requester: Thousand Hearts Event - Crow River Serve Day - Approver: Lewison</i>											
8:00AM	4:30PM	6:00PM	9:30PM	3.50	5/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/25/2018	3.50
<i>Comment: Requester: Planning for next WFP workshop with Sudanese community - Approver: Lewison</i>											
8:00AM	4:30PM	11:30AM	4:30PM	5.00	5/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/25/2018	4.50
<i>Comment: Requester: emails/phone calls brainstorm next event with Sudanese community. - Approver: Lewison</i>											
8:00AM	4:30PM	1:30PM	4:00PM	2.50	7/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/20/2018	2.50
<i>Comment: Requester: visit locations for next WFP workshops with Sudanese community - Approver: Lewison</i>											
8:00AM	4:30PM	5:00PM	8:30PM	3.50	8/2/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	08/03/2018	3.50
<i>Comment: Requester: WFP Planning - Approver: Grant/Alex Lewison</i>											
8:00AM	4:30PM	1:00PM	5:30PM	4.50	8/4/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	08/03/2018	4.50
<i>Comment: Requester: WFP planning with Sudanese community - Approver: Grant/Alex Lewison</i>											
8:00AM	4:30PM	4:30PM	7:30PM	3.00	8/6/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	08/10/2018	3.00
<i>Comment: Requester: WFP workshop planning with hibo. - Approver: approved by Sgt. McDaniel</i>											
8:00AM	4:30PM	5:30PM	8:30PM	3.00	8/8/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	09/18/2018	3.00
<i>Comment: Requester: WP Planning with Khalid - Approver: approved by Sgt. McDaniel</i>											
8:00AM	4:30PM	5:00PM	7:30PM	2.50	9/6/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	09/11/2018	2.50
<i>Comment: Requester: WFP meeting with Sudanese community - Approver: approved per Sgt. McDaniel/Grant Alex Lewison</i>											
8:00AM	4:30PM	1:00PM	5:00PM	4.00	9/8/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	09/11/2018	4.00
<i>Comment: Requester: -meeting with WFP speakers. -planning the workshop with hibo. - Approver: Approved by Sgt. McDaniel/Grant Project per Alex Lewison</i>											
8:00AM	4:30PM	1:00PM	6:30PM	5.50	9/16/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	5.50
<i>Comment: Requester: WFP planning - Approver: Lewison</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:30PM	5:30PM	7:30PM	2.00	9/18/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	2.00
<i>Comment: Requester: WFP planning - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	7:30PM	3.00	9/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	3.00
<i>Comment: Requester: WFP planning/calling to confirm attendance - Approver: Lewison</i>											
8:00AM	4:30PM	4:30PM	8:00PM	3.50	9/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	3.50
<i>Comment: Requester: WFP planning/ call to confirm attendance/ final details - Approver: Lewison</i>											
8:00AM	4:30PM	7:30AM	5:30PM	10.00	9/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	9.50
<i>Comment: Requester: WFP workshop day - Approver: Lewison</i>											
8:00AM	4:30PM	1:00PM	5:00PM	4.00	11/11/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	12/04/2018	4.00
<i>Comment: Requester: WFP Surveys - Approver: Lewison</i>											
8:00AM	4:30PM	10:00AM	3:00PM	5.00	11/17/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	12/04/2018	4.50
<i>Comment: Requester: WFP Surveys - Approver: Lewison</i>											

Nur, Maryam Totals 139.50

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
8:00AM	4:00PM	4:00PM	6:45PM	2.75	9/10/2019	CTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/11/2019	2.80
<i>Comment: Requester: -Lt. Jacox -Community Engagement Team Law enforcement appreciation get together at MN Vikings practice facility. - Approver: Sgt Jacox</i>											

Opsahl, Brian Totals 2.80

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
2:30PM	10:30PM	12:00PM	1:30PM	1.50	6/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.50
<i>Comment: Requester: CET monthly meeting - Approver: Lewison</i>											
2:30PM	10:30PM	8:00AM	12:30PM	4.50	9/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	4.50
<i>Comment: Requester: Women for peace workshop - Approver: Lewison</i>											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Semere, Tedros Totals 6.00											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Stearns, Travis - 151942708											
6:30AM	2:30PM	1:00PM	2:00PM	1.00	3/29/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
<i>Comment: Requester: Community Engagement Liaison Orientation - Approver: Lewison</i>											
6:30AM	2:30PM	5:00PM	6:00PM	1.00	3/29/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
<i>Comment: Requester: Contact Security Directors of the Hilton Minneapolis, Radisson Blu MOA, and Carlson Companies regarding hosting future HCSO educational training/seminar. - Approver: Lewison</i>											
6:30AM	2:30PM	4:45PM	7:30PM	2.75	4/3/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	2.80
<i>Comment: Requester: Working on a memorandum outlining CET active shooter presentation, researching DHS active shooter standardized procedures, and emailing with Sgt. Jahnke and Deputy Connors regarding goals/vision for the training. - Approver: Lewison</i>											
6:30AM	2:30PM	2:30PM	4:00PM	1.50	4/9/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/13/2018	1.50
<i>Comment: Requester: Meeting with Deputy Connors regarding CET initiatives to present at next meeting. - Approver: Lewison</i>											
6:30AM	2:30PM	1:00PM	2:30PM	1.50	4/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
<i>Comment: Requester: Meeting at PACER in Bloomington to discuss working with them on bullying prevention awareness strategies. - Approver: Lewison</i>											
6:30AM	2:30PM	11:00AM	12:30PM	1.50	4/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
<i>Comment: Requester: CET liaison meeting. - Approver: Lewison</i>											
6:30AM	2:30PM	2:30PM	4:15PM	1.75	8/25/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	08/31/2018	1.80
<i>Comment: Requester: Assisting with ADD inmate snapshot surveys. - Approver: Lewison</i>											
<i>Changed "OT Reason" to CET-CVE Agency Grant.</i>											
Stearns, Travis Totals 11.10											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
Vlasaty, Todd - 902111014											
7:00AM	3:00PM	3:00PM	7:00PM	4.00	9/10/2019	OTP	CET - CVE Agency Grant	Jacox, Willis	Approved	09/13/2019	4.00
<i>Comment: Requester: CET event at the TCO Performance Center. Vikings complex in Eagan. - Approver: Lt Jacox</i>											
Vlasaty, Todd Totals 4.00											

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Vuong, Thuan - 021685608</b>											
9:00AM	5:00PM	7:30AM	4:00PM	8.50	5/5/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	05/11/2018	8.50
<i>Comment: Requester: Annual Celebration of Cinco de Mayo parade/vehicle displace (St. Paul). - Approver: Lewison</i>											
8:00AM	4:00PM	8:00AM	5:00PM	9.00	9/22/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	09/24/2018	9.00
<i>Comment: Requester: Sudanese Women for Peace Workshop (Hopkins Activity Center: 33 14th Ave N., Hopkins). - Approver: Lewison</i>											
8:00AM	4:00PM	5:00PM	8:30PM	3.50	10/19/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	10/26/2018	3.50
<i>Comment: Requester: Domestic Abuse Awareness event (7132 Portland Ave S. Richfield). - Approver: Lewison</i>											
10:00PM	6:00AM	4:00PM	7:00PM	3.00	12/14/2018	OTP	CET - CVE Agency Grant	McDaniel, Kellace	Approved	12/14/2018	3.00
<i>Comment: Requester: Annual Toys for Tots event (Golden Valley PD). - Approver: approved by LT. McDaniel</i>											
<b>Vuong, Thuan Totals</b>											<b>24.00</b>

Shift Start	Shift End	Activity Start	Activity End	Hours Worked	Activity Date	Pay Code	Program Code	Approver Name	Approved Status	Approval Date	Hours Submitted
<b>Yang, Peter - 172752712</b>											
2:30PM	10:30PM	1:00PM	2:00PM	1.00	3/29/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	03/31/2018	1.00
<i>Comment: Requester: Community Engagement Team Meeting/Orientation - Approver: Lewison</i>											
2:30PM	10:30PM	11:00AM	12:30PM	1.50	4/20/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	04/27/2018	1.50
<i>Comment: Requester: Community Engagement Team - Meeting - Room 6 - 1100 hours - 1230 hours. - Approver: Lewison</i>											
2:30PM	10:30PM	12:00PM	1:30PM	1.50	6/21/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	06/22/2018	1.50
<i>Comment: Requester: Community Engagement Team Meeting - City Hall - Room 6 - Approver: Lewison</i>											
2:30PM	10:30PM	9:30AM	12:30PM	3.00	7/4/2018	OTP	CET - CVE Agency Grant	Lewison, Alex	Approved	07/07/2018	3.00
<i>Comment: Requester: Edina July 4 Parade - Approver: Lewison</i>											
<b>Yang, Peter Totals</b>											<b>7.00</b>